

MEDICAID SCREENING WORKSHEET

1. Is the family residing in the home to which the youth is returning already accessing Medicaid or CHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the child a U.S. Citizen or a Legal Permanent Resident (LPR)?	
<i>If no, the child will not be eligible for Medicaid and the family should be referred to the local CBO.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the family have accessible financial resources (money in the bank) in excess of \$2000.00?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. List the names and income for all applicable family members who are living in the home to which the youth will be returning. Include the child, legal parent(s), step-parent(s) and siblings under 18 who were living in the home.	
NOTE: The earned income of a child under 18 is not counted if the child is attending school full or part-time and working less than 30 hours per week.	

NAME	AGE	RELATIONSHIP	INCOME SOURCE	GROSS MONTHLY INCOME
TOTAL GROSS MONTHLY INCOME				\$
ENTER TOTAL NUMBER OF FAMILY MEMBERS IN THE HOME				
ENTER INCOME LIMIT FOR THE HOME (<i>See Medicaid/CHIP Income Limits Chart below</i>)				

FAMILY SIZE	100% FPIL	185% FPIL	200% FPIL
	Medicaid Age (6-18)	Medicaid Pregnant Girls	CHIP Age (6-18)
1	903	1670	1805
2	1215	2247	2429
3	1526	2823	3052
4	1838	3400	3675
5	2150	3976	4299
6	2461	4553	4922
7	2773	5130	5545
8	3085	5706	6169
9	3396	6283	6792
10	3708	6859	7415
11	4020	7436	8039
12	4331	8013	8662
13	4643	8589	9285
14	4955	9166	9909
15	5266	9742	10532
For each additional member	312	577	624

5. Does the family residing in the home to which the youth is returning want to be covered by Medicaid or CHIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Juvenile Probation Officer

Date